

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000908

STATE FILE NUMBER

AMENDED

Registration District No. 096

Primary Registration District No. _____

Registrar's No. 13

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Urbana

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MOb. COUNTY Dallas

c. CITY

OR TOWN Urbana

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ANNA MYRTLE Collier

4. DATE OF DEATH

Month

Day

Year

1-20-1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-17-1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months 11 Days 3

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Overbrook, Kans

11. BIRTHPLACE (City and state or country)

U.S.

13a. FATHER'S NAME

Oscar Brannan

13b. MOTHER'S MAIDEN NAME

Ida Haselett

14. NAME OF HUSBAND OR WIFE

George Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, np, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

George Collier, Urbana, MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia12 days

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma involving abdominal viscera 4 years

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1957 to January 1962 and last saw her alive on 1/20/1962
Death occurred at Tp on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Urbana-Missouri

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removed

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Valley Brook Cem.

23d. LOCATION (City, town, or county)

Osage Co, Kans

(State)

24. FUNERAL DIRECTOR

ADDRESS

Allen W. Vaughan, Urbana, Mo.

25. DATE RECD. BY LOCAL REG.

7/8/1962

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.